



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned  
submits for filing a certificate of Assumed Business Name.

2008 JUN -7 AM 9:09

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Candle Connection

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Darla Beard

2194 E. 3835 N. Filer, Id. 83328

Leon Beard

2194 E. 3835 N. Filer, Id. 83328

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Candle Connection  
2194 E. 3835 N.  
Filer, Id. 83328

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-326-6506

Signature: Darla Beard  
(signature required)

Printed Name: Darla Beard

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

0100627

IDAHO SECRETARY OF STATE  
06/07/2006 05:00  
CK: 2002 CT: 158010 BH: 958672  
1 @ 25.00 = 25.00 ASSUM NAME # 2